ABUSE, NEGLECT AND EXPLOITATION

You must be aware of your patient's safety at home including his/her safety from harm done by others. This harm is called abuse, neglect and exploitation.

DEFINITIONS:

Abuse- Physical force that results in bodily injury, physical pain or impairment. This includes hitting, beating, biting, pushing, shoving, shaking or burning. Emotional abuse includes the infliction of anguish, pain or distress through verbal or non-verbal acts such as intimidation, insults, threats, humiliation and harassment.

Neglect- Failing to give proper attention or care. Examples are failure to provide life necessities such as food, water, clothing, shelter, personal hygiene and/or medicine.

Exploitation- Illegal or improper use of patient's funds, property or assets.

- If you suspect that your patient is being abused, neglected or exploited, you MUST report it to both the Texas Department of Protective and Regulatory Services and the Texas Department of Human Services. The telephone numbers are in the Agency's Policy Manual. Also, report it to your supervisor and document.

WHAT TO LOOK FOR

Abuse-bruises, especially in the shape of gingers or a belt; burns, lacerations, sudden difficulty walking or sitting, the patient appears fearful of the primary caregiver or withdraws from him/her.

Neglect- dehydration or hunger because fluids and food are being withheld, new pressure ulcers, physical problems because meds are being withheld, absence of aids such as eyeglasses and hearing aids.

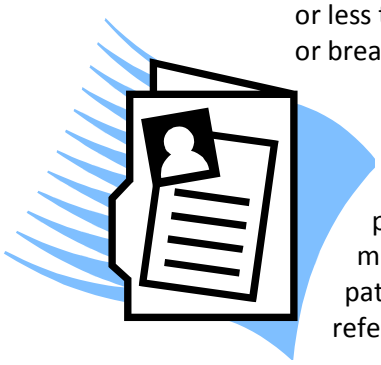
Exploitation- Does the patient express fear or anxiety when discussing finances? Does he/she mention that a relative has been expressing an interest in his/her finances? Do the caregiver and patient resist assistance that costs money?

If you're attentive to the signs, you may help to keep you're patient out of harm's way!

Advance Directives

Your patient has the right to make and direct decisions concerning his/her medical care. She/he can choose the doctor and can accept or refuse the care the doctor gives or the suggestions the doctor makes. The patient can also decide ahead of time, or "in advance," what care should be given when he/she can no longer make decisions. Advance Directives include a living will, medical power of attorney and an out-of- hospital do not resuscitate order.

- A living will defines the medical treatment to be given if the patient is unable to communicate at the end of life. This could include the withholding or withdrawal of life-sustaining medical treatment.
- A medical power of attorney allows the patient to appoint someone to make decisions about the medical care if the patient cannot.
- An out-of-hospital do not resuscitate order is put in place if the patient has six months or less to live. It means that the patient does not want to be revived if his/her heartbeat or breathing stops because of cardiac or respiratory arrest.



It is our policy not to withhold care based on whether or not the patient has an advance directive. Each patient will be given information about his/her right to refuse medical treatment and the right to have advance directives. If the patient already has advance directives in place, we will ask for a copy to put in the medical record and we will document that advance directives are in place. If the patient does not have advance directives in place but wants them, we will make a referral to social services worker.

As a member of our staff, it is important for you to know that:

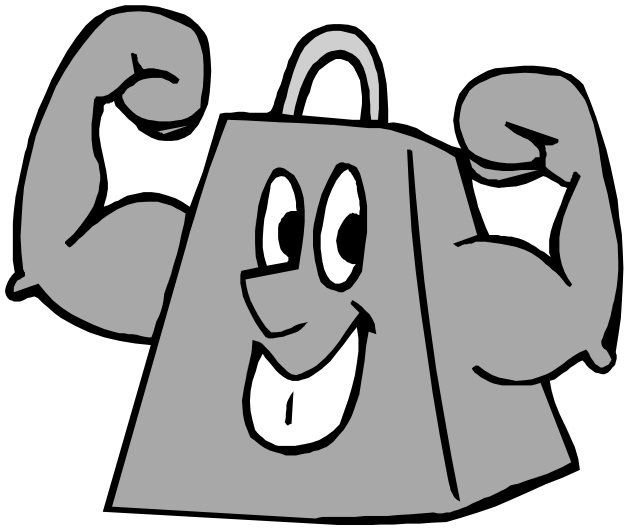
- We will not provide any medical treatment that the patient has not consented to receive.
- We will not withhold treatment or discriminate in any other way against the patient based on whether or not he/she has an advance directive.
- We will recognize and honor advance directives as evidence of the patient's desire to have medical treatment withheld.

BODY MECHANICS

Basic Principles of Good Body Mechanics:

- Maintain good posture and proper body alignment. Keep your back straight wit knew slightly bent and your body weight evenly distributed on both feet.
- Place your feet about 12 inches apart to maintain a broad base of support when lifting.
- Use groups of larger stronger muscles that are found in the shoulders, upper arms, thighs, and hips to lift an object.
- Position yourself so that you are whole body to change direction. Avoid twisting the neck or back.
- Push, pull, or slide heavy objects, when possible.

- Ask for assistance to lift loads that may be too heavy or too large. Count “one, two, three” with the person assisting you and lift the load smoothly to avoid strain. Avoid sudden jerky movements.
- Stand close to your work area. Avoid reaching and bending, when possible.
- Face your work area, this prevents unnecessary twisting.
- Bend your hips and knees; keep your back straight and push, using the thigh muscles when lifting a heavy object from the floor. Never bend at the waist.
- Wear sensible, close-toe, low heeled shoes.
- Use a back belt if instructed by your supervisor.
- Immediately report an y employee injury to the office.



CARE OF THE DYING PATIENT

The Agency wants all of the employees to provide appropriate care to meet the needs of the dying patient and his/her caregiver(s). The patient should be allowed to die with the optimal level of comfort and dignity according to his/her requests concerning death. This includes knowing whether or not Advance Directives including an out-of-hospital do not resuscitate order are in place.

Furthermore, all Agency staff should be sensitive to the unique needs of the dying patient and his caregiver. Care should be respectful and responsive to the patient's needs.

Interventions/care will include but are not limited to:

- Assess and care to facilitate the management of pain and symptoms by documenting patient's statements of level of pain;
- Assess and care to manage and/or prevent other symptoms such as nausea/vomiting;
- Care to address the psychosocial, emotional and spiritual concerns of the patient/caregiver regarding dying and grieving;
- Respect the patient's cultural beliefs about dying;
- Help the patient express his/her thoughts and feelings;
- Help the patient to maintain as much independence as possible;
- Make appropriate referrals to meet patient's needs; and,
- Monitor the patient's response to interventions/care.

The patient is probably grieving for the inevitably of loss and death and will go through the stages of grieving: denial, anger, bargaining, depression and acceptance.

Know what the dying patient wants and be prepared to help him/her. Research tells us that they want:

- Empathetic Presence – someone to listen, recognize feelings and be supportive of the patient's uniqueness.
- Teacher/Expert - nurse demonstrates technical skill and shares knowledge in an honest and understandable manner.
- Acknowledges the normalcy of experiencing episodes of grief-related feelings.
    - Ongoing invitations to participate in their healthcare.
    - Pain and symptom control.
    - A desire not to be a burden
    - Not to be left alone (at least not most of the time).

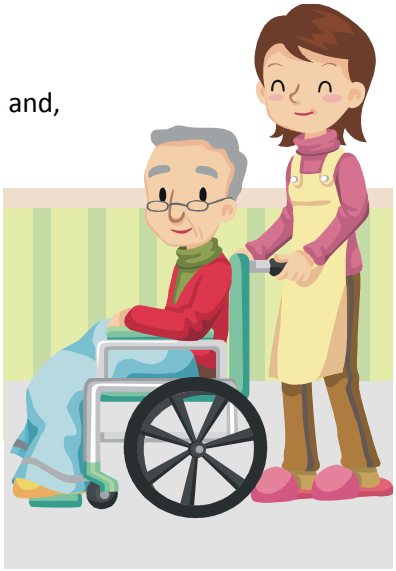
CARE OF THE GERIATRIC PATIENT

Usually, a person is considered a senior citizen at age 65. Each person ages differently, though, so the effects of aging may not be present for some until later. If you look at your elderly patient from a psychosocial perspective, the needs of the PERSON become greater due to common changes of aging. Because of this, the way you care for the geriatric patient must also change. Let's look at some of the changes and ways you can adjust your care.

CATEGORY	AGING CHANGES	ADAPTATIONS
PSYCHOLOGICAL	Difficulty with memory, personality changes, wanders, delusions	Give reassurance, be patient, redirect, limit stimulation
ELIMINATION	Incontinence	Encourage regular voiding schedule, use adaptive aids such as commode
REST AND ACTIVITY	Falls, decreased range of motion, gait changes	Provide adequate lighting, handrails, promote activity, exercise
SAFE ENVIRONMENT	Thinning skin and hair, decreased blood supply to nails	Avoid daily baths, avoid harsh soaps, inspect skin carefully, provide nail care
OXYGEN	Decreased activity tolerance due to reduced blood flow, coronary artery blood flow decreased	Frequent rest periods, change positions slowly
NUTRITION	Decreased appetite, decreased ability to chew and swallow, indigestion	Smaller, more frequent meals; sit up during and after meals.

The patient and caregivers also face the following tasks:

- ✓ Adjusting to decreasing physical strength and health
- ✓ Adjusting to retirement and reduced income
- ✓ Establishing satisfactory physical living arrangements; and,
- ✓ Cope with the death of friends and loved ones.



CHEMICALS IN THE WORKPLACE

In the home or in the office, you might be exposed to injury from hazardous chemicals or gases that are used. It is your responsibility to be aware of this risk by attending all in-services on Hazardous communication, by reading labels on the materials you use and by knowing where the Material Safety Data Sheets (MSDS) are kept. (More about these below.) Even then, if you are ever in doubt about the potential hazard, talk to your supervisor!

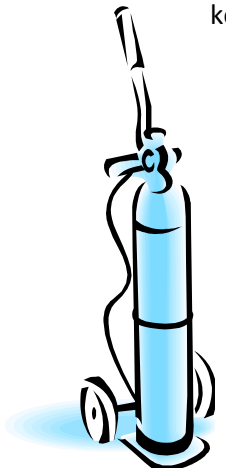
General Safety Tips:

- Never mix chemicals. For example, never mix ammonia and bleach
- for cleaning
- Report the faintest smell of a gas leak
- Only use chemicals if it is clearly stated in your job description and your supervisor has given permission.
- Read labels carefully and follow the safety warnings and instructions.

Material Safety Data sheets are put out by the manufacturer of the product and describe what materials are in the product, what precautions to take in using it and first aid measures to use if you come in contact with the product. These are kept in the office.

One product that direct care personnel come in contact with is oxygen. Oxygen is a colorless, odorless gas that is needed for respiration. It does not burn but it does support and accelerate combustion. When the patient needs it in the home, it can be supplied by a tank (cylinder) or a concentrator. Read and follow the manufacturer's instructions and follow these DO's and DON'T'S.

- Do store oxygen handling equipment in a clean, dry location.
- Don't use equipment that is visibly dirty.
- Do protect masks, cannulas, tubing, etc. in plastic bags to keep them clean
- Don't allow smoking around oxygen.
- Do open cylinder valves slowly. If released suddenly, there is enough power to drive the heavy cylinder through a wall.
- Do not use oil, grease or products containing them near oxygen as these substances are ideal fire starters, igniting almost spontaneously in oxygen.
- This includes oil from your skin. Wear gloves when working on oxygen hardware to keep oil from your hands off the parts.



CULTURAL DIVERSITY

In order to provide effective care to people from other countries and, at times, people who are from various parts of the United States, it is important t to have a basic understanding of cultural diversity and to develop baseline cultural competencies.

What is culture? One definition includes those beliefs, values, and practices shared by a group. The group may be t=ethnic, regional, religious, or based on some other identifying characteristic such as age. An individual from another culture may have different beliefs from your or those that are considered "normal" for a particular geographic area. The beliefs may impact communication, interaction with others, nutritional preferences, and views about illness and health care.

How one communicates and views illness or injury, for example, influences how he/she expresses pain, if at all. In some cultures, it is not accepted to express pain. In others, the expression of pain might be minimized. The expression may be through verbal or non-verbal means. Providing information to the person in his/her own language may help him/her feel more at ease and may foster his/her understanding the material more effectively.

Other factors the health care professional should consider include:

- Does the patient see the illness or injury as having a supernatural cause such as being "God's will" or a punishment for sins?
- Does the patient think the only cure is a traditional herb remedy or special diet?
- Does the patient believe his/her family should be allowed to visit or be present at any time?
- Does the patient believe his/her family should be involved in the care?
- Does the patient believe the room should be arranged a certain way to enhance his/her prayer life?
- Does his/her religion allow all forms of medical intervention?
- Does his/her religious beliefs allow the foods the patient may need to promote healing?
- Does the patient's beliefs impact whether or not she/he signs Advance Directives or what end-of-life care is allowed?
- Does the patient's cultural beliefs encourage touching, even between spouses?

You don't need to be an expert in every culture there is but you should develop a baseline understanding for those cultures from which your patients may come and those beliefs they may practice. Your patients may come and those beliefs they may practice. Your patients and their families will sense your respect for their culture. This will enhance their trust in you. It may promote compliance with care and lead to improved health. Your awareness of their culture will help patients feel better about the care being provided.

Although not often thought of as a "cultural diversity", age differences play an important part in the interactions between a patient and the caregiver. A younger person may not accept his/her diagnosis as readily as an older person who might see it as "just part of growing older." Teaching methods need to be altered based on the patient's age. An older person might respond more readily to rote; whereas a younger person will accept emails and text messages as teaching tools. And, keeping in mind "political correctness," an older man probably means nothing negative by calling the nurse "honey" or "sweetheart," but a younger nurse might see that as harassment.

Some of the general ways you can help your patients from other cultures include:

- Ask your patient how he/she wants to be addressed.
- Ask your patient if you may touch him/her.
- Ask your patient if he/she wants the family present during care or at the time of death.
- Ask how others in the patient's community can provide support.
- Be patient and give the patient time to talk about his/her care or upcoming procedures.
- Be aware that the patient may avoid eye contact or maintain a distance from you. It does not mean he/she is not responding or is not friendly.
- Use an interpreter trained in medical terminology. It's preferable to using family members who may not understand fully or may not interpret exactly due to their own cultural beliefs.

If your services are being provided to people from a specific culture on a regular basis, then learn more about that culture. A web search will reveal many sources of information about the culture. Additionally, the public library and/or library at the local high school or college may have materials that will help. Attend events such as fairs and festivals held by a cultural group.

Overall, however, remember that your patient still maintains commonalities with patients from all cultures that impact health and health care. Don't lose sight of these, which include the disease process and how age influences it.

Treating each patient as an individual and respecting his/her cultural beliefs and practices will build trust and promote effective response to the care you provide.

EMERGENCY PREPAREDNESS

It is important for the Agency to develop, maintain, and be ready to implement an Emergency Preparedness Plan in the event of a disaster. A disaster is defined as: "The occurrence or imminent threat of widespread or severe damage, injury, or loss of life or property resulting from a natural or man-made cause, such as fire, flood, earthquake, wind, storm, wave action, oil spill or other water contamination, epidemic, air contamination, infestation, explosion, riot, hostile military or paramilitary action, or energy emergency."

The Agency's leaders, including the Disaster Coordinator, will develop the Emergency Preparedness Plan (Plan). First, a risk assessment is completed that will help in developing an appropriate Plan. The steps of the Plan include preparedness, mitigation, response, and recovery:

- Preparedness – Preparing for the potential disaster including, but not limited to training; knowing your community's resources; developing/organizing Plan and the response and recovery activities; and having disaster drills.
- Mitigation - Reducing or eliminating the Agency's risks by coordinating with state, federal, private sector, and/or other community resources and the public.
- Response – Actions taken immediately before, during, and/or after a disaster to address its immediate and short-term effects.
- Recovery – The Agency's actions implemented during and after the disaster to enable the Agency to return to its normal operations as quickly as possible.
- In each step, specific responsibilities are assigned to administrative staff and clinical staff. It is important for you to know what your assigned responsibilities are in the event of a disaster. Sample responsibilities in each step include, but are not limited to:

Administrative Staff	***Clinical Staff***
Preparedness Have a calling tree with all contact numbers for all staff. Meet with local emergency planners to coordinate services. Maintain a list of current patients/clients prioritized by their care needs such as: I – Life Threatening, II – Not life threatening, but individual can't go 24 hours without care, and III – visits could be postponed for 24-72 hours without adverse effects.	**Preparedness** Keep vehicle full of gas. Provide training to patients/clients/families on disaster preparedness. Rotate on-call **Mitigation** Communicate with the office and clinical team members using telephones, cell phones, pagers walkie-talkies, and email enabled PDA's or any other designated method. Register patients/clients with 211, the special assistance registry in Texas Ensure on-call books

Secure the office building
Secure the computers per HIPAA Security rules and other best practices
Prepare for financial needs
Prepare for utility disruptions

Mitigation

Ensure the office is adequately staffed
Use the calling tree
Disaster Coordinator will monitor public information systems.

Response

Initiate plan
Activate patient/client triage
Notify local emergency medical services
Notify the TX Department of Aging and Disability Services of the disaster in progress.
Document all aspects of the disaster including names, decisions made, and times of actions taken.
Make appropriate patient/client referrals to assure continuation of care.
Notify local TV/radio stations as appropriate to communicate with staff and patients/clients.
If necessary, remove patient/client records, personnel records, and financial records
Discontinue the Plan when appropriate.

Recovery

Hold a briefing of all activities that took place during the disaster
Develop action plans for any areas on which improvement is needed.
If appropriate, offer support groups for staff.
Replenish office and patient/client supplies.
Contact insurance carrier
contain current patient/client information.

Response

Maintain contact with the office
Maintain contact with patients/clients as needed
As appropriate, notify the patient's/client's physician, medical advisor/director, and other disciplines involved in care.

Recovery

Document any incidents that occurred
Contact all patients/clients
Notify physicians and/or medical advisor/director of patient/client status.
Meet with other disciplines providing care and reclassify patients/clients for triage if needed.
Resume visits as scheduled
Assist patient/client/family with updating their emergency preparedness and response plan.
Review activities and provide feedback for improvement.

Additionally, the Agency should include actions and responsibilities in the response and recovery phases in the event a warning of the impending emergency/disaster was not provided. For example, what will you do if you did not have a radio on in the office to know a tornado was in your area? Other examples include: What will you do if someone opens mail that has anthrax spores in it? What will you do if an armed terrorist enters the office? The Administrator, Disaster Coordinator, and other staff should meet to plan for the Agency's actions in the event there is no warning. Document the decisions made.

POTENTIAL DISASTERS

Now, let's look at a few potential disasters with examples of specific instructions about what to do. No matter what the disaster is, however, if you are working in the field, contact the office for any concerns, to receive instructions, and to find out if there are any patient/client needs that should be addressed. Disasters include, but are not limited to:

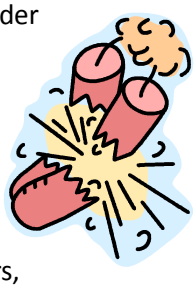
FIRE

If your clothes catch on fire, stop, drop, and roll! Running only makes the fire burn faster.

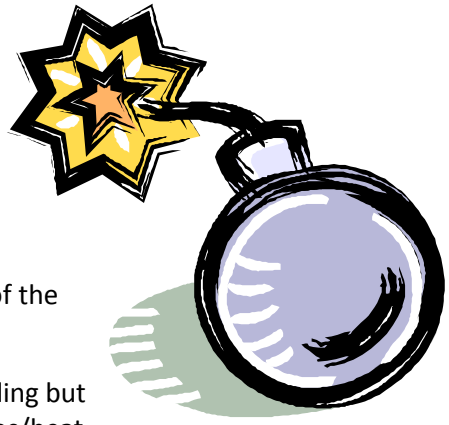
Know where the fire extinguishers are, know the escape routes. The universal principles of fire control are RACE:

- Rescue – rescue anyone in immediate danger
- Alarm – sound the fire alarm and/or dial the fire department
- Confine – close all doors in and around the fire. Turn off all oxygen in use. Turn off all equipment not needed to sustain life.
- Extinguish – Only if it is safe to do so, put out a small fire using portable fire extinguisher, baking soda, or water (if it is not an electrical or grease fire)
- Listen to the radio or television for information and follow any instructions given.
- Move to higher ground
- Do not walk in moving water. Even six inches of moving water can make you fall
- Do not drive into flooded areas.

EXPLOSION

During an explosion:	Once you are out of the building:
• If things are falling, get under a table • When things stop falling, get out as soon as you can! Don't stop to get personal belongings. • Don't use elevators • Watch for weakened floors, stairways, and falling debris 	• Do not stand in front of windows, glass doors, or other potentially hazardous areas • Move away from sidewalks or streets that will be used by others still getting out of the building or by emergency vehicles.

TERRORISM



- Be aware of your surroundings
- Move or leave if you feel uncomfortable
- Do not accept deliveries from unauthorized personnel
- Promptly report unusual behavior, suspicious or unattended packages, and strange devices to the police or security personnel
- Learn where emergencies exits are! Plan on how to get out of the building.

Remember: There are many other disasters that could happen including but not limited to; tornados, thunder storms, lightning, high temperatures/heat, earthquakes, winter storms/cold, hurricanes, hazardous materials incidents, nuclear power plan emergencies, and chemical attacks. Bottom line: BE PREPARED!!

ENVIRONMENTAL SAFETY

In addition to Agency's other policies, procedures, and trainings, as well as the information in other lessons, environmental safety at the office may include, but is not limited to (in no particular order):

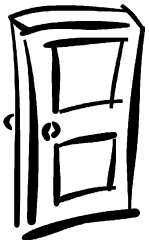
- Icy areas
- Exits
- Stairways, and
- Storage areas
- Let's look at these individually

ICY AREAS

Outside surfaces should be maintained in winter so they are free of ice and snow. Get snow cleared away from walkways and driveways as soon as possible. Melting and refreezing of layered snow can cause heavy patches of ice. Use ice melting products regularly. If this isn't possible, then there should be a free clearance of 18 inches for safe passage, according to the Occupational Health and Safety Administration (OSHA).

Here are safety tips from www.ehow.com:

1. Wear boots or sturdy shoes with non-skid soles. Don't walk on ice in shoes that have no traction.
2. Take your time. Getting in a hurry increases your chances of a fall because you're not paying attention.
3. Pay attention to ice that can be covered with snow. When you think you're in the clear you could still hit a patch and fall.
4. Balance yourself with your arms. Get your hands out of your pockets and distribute the weight of packages evenly to give you better balance.
5. Take short shuffling steps and avoid an erect posture. Walk as flat footed as possible.
6. Get help from someone who is wearing appropriate shoes or is more confident than you. Never be ashamed to ask for someone's arm to help you across a patch of ice.
7. If you feel yourself beginning to fall try to relax and roll as much as possible. This will help lessen the Impact and may keep you from breaking a bone. Protect your head if at all possible by trying to keep it up and away from impact with the ice.



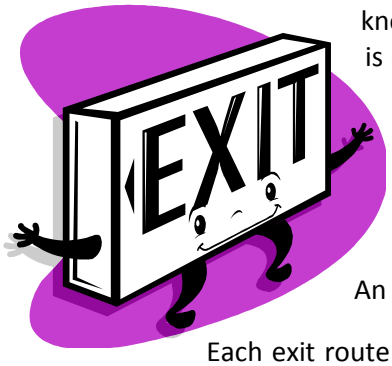
EXITS

According to OSHA, there must be exit routes for employees to leave the workplace safely during emergencies.

For the most part, there should be at least two exit routes, remote from one another, to provide alternate means for employees to leave the workplace safely during an emergency.

Free and unobstructed access to each exit route must be provided to ensure safe exit during an emergency. The exit route must be free of material or equipment. An exit must lead directly outside or to a street, walkway, refuge area, or to an open space with access to the outside. The street, walkway, refuge area, or open space to which an exit leads must be large enough to accommodate all building occupants likely to use that exit.

An exit door must be able to be readily opened from the inside without keys, tools, or special knowledge. A device that locks only from the outside, such as a panic bar, is permitted. An exit door must be free of any device or alarm, which, if it fails, could restrict emergency use of an exit.



An exit route must not require employees to travel toward materials that burn very quickly, emit poisonous fumes, or are explosive, unless those materials are effectively shielded from the exit route.

An exit door must be free of signs or decorations that obscure its visibility.

Each exit route must be illuminated adequately. Each exit must be clearly visible and must be marked by a distinctive sign reading “Exit”. Signs must be posted along the exit route indicating the direction of travel to the nearest exit. Any doorway or passage that might be mistaken for an exit must be marked “Not an Exit” or with an indication of its actual use.

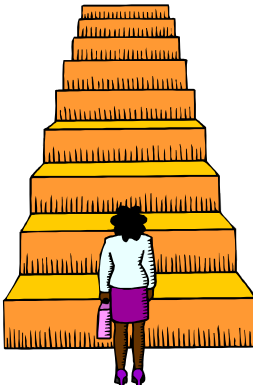
The line-of-sight to an exit sign must be uninterrupted.

STARIWAYS

OSHA has specific requirements to protect employees on stairways:

1. Stairs with four or more risers shall be provided with at least one handrail. A stair rail system shall be provided on all unprotected sides or edges of stairways with a fall hazard of four feet or more.

2. Stairs shall be capable of supporting, without failure, at least five times their maximum intended load.



SAFETY TIPS

- Stair treads prevent slips and falls.
- Never run on stairs
- Staircases should be well lit
- Wipe up spills and remove any clutter.

Handrails should be mounted directly by brackets attached to the lower side so there's nothing in the way of your hand. The surface along the top and sides should be smooth so you don't get slivers.

STORAGE AREAS

Storage areas should be conveniently located. Doors should be marked "Not an Exit" or "Storage". The room should be well lit and well organized. There should be an aisle at least three feet wide for safe movement within the storage area.

Choose shelving, cabinets, and other storage units used to meet the storage needs of the agency. Tall shelves should be fastened to the wall to prevent them from tipping over. Place heavier items on the bottom shelves. Use a sturdy step-stool to reach the smaller items on the top shelves.

Individual, well labeled bins can be placed on the shelves for storing small items. This will also make taking inventory much easier and more efficient.

The agency is responsible for maintaining patient/client records safely after discharge. Don't let the file cabinets become overly full so that records are damaged when trying to stuff them into drawers. Doing so could lead to hurting yourself, too!

If cleaning products or other combustibles are kept in the storage room, be sue the containers are well labeled and tightly closed. There should be adequate space between them and any other item to allow for good ventilation.

If "sharps" are returned to the office, they should be placed in the area designated for medical waste.

ETHICS

DEFINITIONS:

- Ethics – moral principles, morally right, a standard of conduct.
- Ethicist – a specialist in ethics.
- Dilemma – any situation requiring a choice between unpleasant alternatives.

Most ethicists say there are seven ETHICAL PRINCIPLES:

- Beneficence – doing good, caring.
- Non-maleficence – doing no harm.
- Justice – being fair
- Autonomy – respecting the patient's right to make decisions.
- Loyalty (Fidelity) – keeping promises.
- Veracity – telling the truth.
- Confidentiality – keeping the patient's information private.

Some say that all ethical decisions are based on the economic, or money interest of the provider and of society. In other words, what will the decision cost and is it worth it?

Here are ways you can PUT THESE ETHICAL PRINCIPLES INTO PRACTICE:

- Respect the culture and customs of your patients.
- Be truthful in all communication.
- Do not speak badly of patients, coworkers or the Agency.
- Avoid exploitation of relationships for personal advantage.
- Do not discriminate
- Assure confidentiality of patients – do not talk about them to others who do not have "the need to know".
- Assure autonomy of patients – let them participate in deciding their care and treatment.

<u>THINK ABOUT THESE SAMPLES OF ETHICAL DILEMMAS:</u>

?? Your elderly patient, who is disoriented, needs a blood transfusion. Her son has medical power of attorney. (See – Advance Directives.) He is a devout Jehovah's Witness who doesn't believe in blood transfusions and she is a Methodist. What's the right thing to do?

?? You are the Home Health Aide for a patient who is receiving insulin twice a day. She told you she had just eaten a large piece of strawberry shortcake. She asked you not to tell the nurse. What's the right thing to do?

<u>By the way, there may not be a "right" answer to any of these!</u>

EXPOSURE CONTROL: AIRBORNE/BLOODBORNE PATHOGENS

As a health care worker, you are exposed to airborne and bloodborne pathogens in the everyday tasks you perform for your patients. These pathogens are spread just as their names tell us:

- ✓ "Airborne" means the pathogens are in the air and they can enter your body just by breathing them in; and,
- ✓ "Bloodborne" means they are in the blood and can be passed on to you through direct contact.
- ✓ This definition includes contact with moist body substances and other body fluids such as urine, saliva, vomit, pus, feces and drainage.

Some tasks that you do for your patient carry a higher risk than others for exposure to pathogens. You need to be aware of these to protect other patients, your family and yourself. They include, but are not limited to:

- ✓ Blood sugar checks by finger stick
- ✓ All venipunctures
- ✓ Dressing changes
- ✓ removal of fecal impaction
- ✓ Emptying/changing urinary drainage bags, colostomy bags and would drainage devices; and,
- ✓ Bathing patients who have urine or feces on their skin

Standard precautions have been set up to help you cut down on his/her chance of exposure to the pathogens. The first step is to assume that all patients are infectious and then to take precautions that include:

- ✓ Wash your hands with soap and water for 30 seconds before and after any care to a patient, before putting gloves on and after taking them off, before cooking and after using the restroom.
- ✓ Wear gloves when you have direct contact with moist body substances or the fluids mentioned above.
- ✓ Wear gloves if you have cuts, abrasions, puncture wounds or a hangnail o your hand(s)
- ✓ Use face masks, eye protection and disposable gowns when there's a potential for splashing blood or other infectious materials.
- ✓ All sharps must be left uncapped and disposed of immediately.

HIPAA

The federal government passed a law in 1996 called the Health Insurance Portability and Accountability Act (HIPAA) that makes confidentiality of a person's Protected Health Information (OHI) extremely important.

HIPAA is intended to protect the privacy of people receiving health care if the provider of that care conducts even one covered transaction electronically. The covered transactions are:

- Health care claims or equivalent encounter information
- Health care payment and remittance advice
- Coordination of benefits
- Health care claim status
- Enrollment and disenrollment in a health plan
- Eligibility for a health plan
- Health plan premium payments
- Referral certification and authorization
- First report of injury
- Health claims attachments, and
- Other transactions that the Secretary of the Department of Health and Human Services may prescribe by regulation

Title II of HIPAA defines the Administrative Simplification (A/S) requirements for health care providers such as the agency/hospice for which you work. A/S is divided into three components:

- Transaction Rule
- Privacy Rule
- Security Rule

What is the Transactions Rule?

The Transactions Rule adopts standards for electronic transactions and for code sets to be used in those transactions. The basic intent is to establish a uniform and comprehensive set of standards for the electronic transmission of health information by all providers. Electronic transmission includes using:

- Internet
- Extranet (information is accessible only to collaborating parties)
- Leased lines
- Dial-up lines
- Private networks; and
- Transmissions that are physically moved from one location to another using magnetic tape, disk, or compact disk.

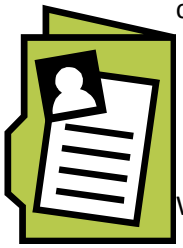
What is the Privacy Rule?

Essentially, the Privacy Rule is intended to give individuals a level of protection of their Individually Identifiable health information is used and disclosed. The Protected Health Information (PHI) is any information shared orally or recorded electronically or on paper related to an individual's health condition that is found in:

- Patient medical records
- Patient billing records
- Databases, and
- Formal and informal discussions

What is the Security Rule?

The Security Rule adopts standards for the security of electronic health information to assure the confidentiality of electronic protected health information. It includes:



- Administrative procedures to guard data integrity, confidentiality, and availability
- Physical safeguards to guard data integrity, confidentiality, and availability of information; and
- Technical security services to guard data integrity.

What are the permitted uses and disclosures of PHI?

An Agency can use PHI for:

- Treatment, payment, and health care operations
- Treatment activities of any health care provider
- For payment activities of the entity to which PHI is disclosed; and
- For the health care operations of another covered entity

In all instances, the Agency must make reasonable efforts to limit the PHI used, disclosed, or requested to the minimum amount necessary to achieve the purpose of the use, disclosure, or request. This also means the agency must decide the minimum amount of PHI needed by employees to perform their duties.

Due to the nature of your work, you will be exposed to sensitive and confidential information. This information must never be used as the basis for social conversation or gossip. You must never talk to a client about another client. Failure by an employee to observe confidentiality may result in disciplinary action up to and including termination.

What are the penalties for non-compliance?

The Office for Civil Rights (OCR) has the enforcement authority for the Privacy Standard. The eHealth Standards and Services Department of the Centers for Medicare and Medicaid Services (CMS) is responsible for enforcing the Security Standard and the Transaction and Code Set Standards. The penalties have recently been revised and are:

- Civil Penalties
  - $100 per incident up to a maximum of $50,000 per violation
- Criminal Penalties
  - Up to $50,000 and one year in prison for obtaining or disclosing PHI
  - Up to $1000,000 and up to five years in prison for obtaining PHI under false pretenses; and
  - Up to $250,000 and up to 10 years in prison for obtaining or disclosing PHI with the intent to transfer, sell, or use it for monetary gain or malicious harm.

INFECTION CONTROL

No matter how you look at it, infections are nasty! An infection is an invasion of the body by pathogenic microorganisms which we usually call "bugs". These "bugs" can cause a variety of symptoms such as redness, swelling, pain and/or fever. Infections can be transmitted in three ways:

- Direct contact - touching blood or other body fluids
- Indirect contact – touching items that have infectious material on them such as bed linens, bedpans, drinking glasses, etc.
- Vectors – by flies, mosquitoes or other insects that are carrying the "bug"

Three things have to be present in this vicious circle in order to spread an infection:

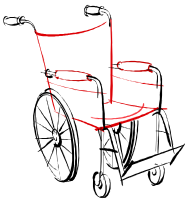
- An infectious agency such as a virus, bacterium or fungus
- A susceptible host such as one who is in a weakened condition or is ill; and
- A chain of transmission for the infectious agent to move to the susceptible host.

Remember that the most important thing for you to do is to prevent the spread of infection from you to the patient or the patient to you which could then go on to those around you. You must do everything you can to prevent the spread of infection

- If you have a cold or other infection, check with your supervisor who will determine if job duties can be performed without risk to the patient according to Agency Policies.
- If you learn that the patient has an infection, report it to your supervisor
- Learn everything you can about preventing the spread of infections.
- ALWAYS PRACTICE STANDARD PRECATUIONS
    - Wash your hands
    - Wear gloves when there is a reasonable chance you will come into contact with blood, other body fluid or airborne "bugs"
    - Clean and disinfect any surface which has come in contact with blood, other body fluids or could be exposed to airborne "bugs"
    - Dispose of infected materials per Agency Policies
    - transportation of lab specimens
- If it's appropriate to your job position, document according to Agency Policies

MEDICAL EQUIPMENT SAFETY

In addition to the Agency's other policies, procedures, and trainings, as well as the information in the other lessons, consideration should be given to safety related to the use of medical equipment in the home.



In today's home care environment, patients/clients have the opportunity to use many types of home medical equipment. Also called "durable medical equipment" (DME), the items are intended to withstand repeated use by non-professionals and are appropriate for home use.

There must be a doctor's order. Medicare or private insurance may pay for the DME. The nurse will document its use in the patient's/client/s record.

The Registered Nurse (RN) will assess the patient's/client's and/or caregiver's ability to set up, monitor, and change equipment reliability and safely, as well as, clean/store/dispose of equipment or supplies using proper technique learned from the DME supplier.

The DME supplier is responsible for proper delivery and initial setup of the equipment. The DME representative should ensure the home environment is suitable and safe for proper usage of the equipment. The DME representative is responsible for training the patient/client, family, and caregivers on the proper usage and maintenance of the equipment. There should be 24 hour contact information provided, as well, in the event of equipment malfunction or other emergency.

The nurse will reinforce using the DME correctly and reviewing any areas of on-compliance with the patient/client regularly. It is expected the patient/client will follow the manufacturer's instructions and those given by the DME representative.

The Agency will also follow the requirements of the Safe Medical Device Act (the Act) to identify, report, and correct medical device incidents. These include serious injury and death to the patient/client. Agency staff will be oriented to the Act upon hire and annually thereafter. The Administrator or designee will be responsible for determining when a reportable event has occurred and he/she will complete all required documentation and, if applicable the Food and Drug Administration's (FDA) reports.

NON-SOLICITATION

All of the above are examples of receiving something from someone for client referrals to the Agency or "solicitation." In other words, someone gives you money or a gift for getting as many clients as you can to the Agency. Or, another example is that YOU or someone at the Agency gives the client money or a gift to transfer from the agency he/she is at now to come to your Agency.

And, doing any of these things could result in prosecution leading to a civil penalty of up to $10,000 for each day of violation and each act of violation. Or, to put it a different way, every time this is done, the person doing this solicitation could pay a fine up to $10,000!

Every payor source and regulatory body governing the Agency's right to provide services to clients has rules about not soliciting or "non-solicitation." These include:

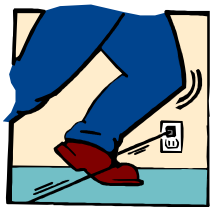
TEXAS RULES AND REGULATIONS

CMS-MEDICARE

TEXAS DEPARTMENT OF AGING AND DISABILITY SERVICES

Equally, the Agency you are working for has a policy against soliciting clients. It says something like this: "Agency does not reimburse or provide incentives to employees…for patient referrals to the Agency…Claims of solicitation and/or remuneration will be thoroughly investigated my management. Employees found in violation of this policy will be subject to discipline up to termination of employment."

Physicians, clients, and other legitimate sources may refer clients to the Agency but none should be as a result of payment for the referral. The Agency is relying on YOU to avoid even the appearance of solicitation!



OFFICE EQUIPMENT SAFETY

In addition to Agency's other policies, procedures, and trainings, as well as the information in other lessons, office equipment safety is essential for you to take into consideration. As part of the orientation, staff should be educated on the safe and appropriate use of equipment owned by the Agency and/or used in the office. Any identified equipment hazards or defects should be reported to the appropriate person immediately. Equipment repairs or replacements should then take place.

All equipment shod be used following the manufacturer's guidelines and used only as intended.

Electric Equipment Safety

Since almost all of the equipment used in the office is electric, let's look at some general electric equipment safety tips. These include, but are not limited to:

- Do not put cords under rugs where they can be walked on and damage go unnoticed.
- Repair or replace broken, frayed, damaged, or melted cords promptly
- If extension cords must be used for office equipment requiring grounding, use one with a three-pronged plug.
- Insert and remove plugs by grasping the plug, not by pulling on the cord.
- Do not overload an outlet with the plugs from too much office equipment.
- Use office equipment with the Underwriters laboratories Inc. (UL) symbol. This shows the equipment has been safety-tested.

Now, let's look at a couple pieces of office equipment specifically and review safety tips on using each one.

Shredders

Although this sounds simple, the key safety tip for using a shredder is to keep fingers, clothing, and hair away from the opening.

Telephones

- ✓ Never use a telephone near water
- ✓ Avoid using the telephone during a storm as there may be a risk of electrical shock from lightning
- ✓ Do not use the telephone to report a gas leak if you are near the source of the leak
- ✓ Use a damp cloth for cleaning and unplug the telephone from the wall outlet before cleaning
- ✓ Place the phone on a stable surface
- ✓ Do not block slots or vents

A special not about cell phones:
Follow your Agency's policy on the use of cell phones. In general, the use of cell phones in the office is discouraged. When driving, pull off the road to make the call or use a hands-free system. Keep the call short so you can pay attention to your driving.

Office Machines and Equipment

There are many other office machines and various pieces of equipment in your office including computers, copiers, fax machines typewriters, etc. As stated above, always follow the instructions in the user's manual that came with the office machine and equipment. Because this information is so varied, we will look at some general tips for you to follow for the use of any office machine or piece of equipment.

- ✓ Secure machines that tend to move during operation so they don't fall off the work surface.
- ✓ Do not place machines near the edge of a table or desk
- ✓ Do not remove any safety guards on machines with moving parts
- ✓ Do not use any machine that smokes, sparks, shocks, or appears defective in any way. Unplug the machine
- ✓ If you do open a copier, be very careful because some of the surfaces may be hot.
- ✓ Close hand-operated paper cutters after using and secure the guard.

Work station arrangement is another important safety consideration

- ✓ Keep all supplies within easy reach
- ✓ Have adequate lighting
- ✓ Keep walkways clear
- ✓ Use proper body mechanics and good posture
- ✓ Use adaptive equipment such as document holders and wrist supports, if needed.

In conclusion, YOU are responsible for keeping the office safe and for using office machines and equipment safely.

Be sure you are rested and alert at all times.

ALWAYS USE COMMON SENSE WHERE SAFETY IS CONCERNED!

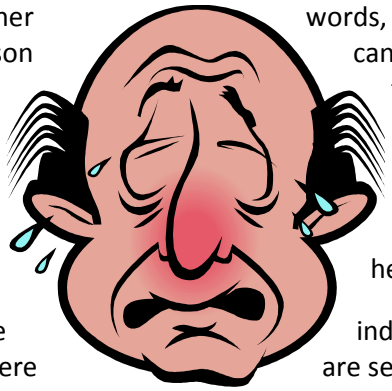
PAIN MANAGEMENT

Pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage.

Imagine hitting your elbow on the door. It hurts, doesn't it? That's called acute pain. But, you're health and before you know it, you've forgotten all about it.

Now imagine that you are 84 years old. You have several ailments including arthritis, heart disease and diabetes, all of which cause pain. Imagine that this pain is with you 2 hours a day, 7 days a week. This is chronic pain. And, chronic pain is what most of the patients you care for have.

The first step in helping the patient is to make an accurate assessment of the pain and how it feels to the client. Pain is subjective. In other words, the level you can tolerate or put up with is not the same as another person can tolerate. Also, the words used to describe pain might mean one thing to the patient and another thing to you. Add to that cultural differences such as not understanding the language and you can see that it can be difficult to assess the patient's pain. A tool that has been developed to assist in this is the Wong-Baker FACES scale. Just have the patient point to the face that describes how he/she is feeling.



The treatment of pain has to be individualized. What works for you might not work for someone else. There are several medical treatments and other interventions that can be done to help to decrease pain or increase one's tolerance to pain. Of course, you would do only those for the patient that are allowed within your job description. They include but are not limited to:

- Position your patient to reduce pain. This helps to increase blood supply to damaged tissues.
- Apply heat or cold to the painful area, as appropriate. This helps to relax painful muscle spasms and reduce swelling.
- Massage the painful area unless contraindicated. This provides stimulation to sensory fibers which limits the transmission of pain impulses to the brain.
- Encourage your patient to use relaxation techniques such as rhythmic breathing. These help to decrease tension.
- Administer medication as ordered and teach the patient the importance of doing so. This keeps a steady level of the pain-reducing med in the bloodstream.

PERSONAL SAFETY

In addition to Agency's other policies, procedures, and trainings, as well as the information in other lessons, personal safety/security may include (in no particular order):

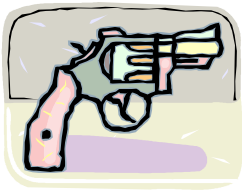
- Leave valuables at home or locked in your vehicle, desk, or locker
- Be sure car is locked at all times
- Take only a small amount of money to work
- Store your purse and/or briefcase in a secure area, out of site of routine passers-by
- Ensure you have an unobstructed exit from your work station
- Employer will perform background checks on all employees who have direct patient/client contact to protect them
- Possessing firearms or weapons, concealed or otherwise, on or in Agency property may threaten the safety of yourself and others. You may not bring weapons onto Agency property or possess them while conducting Agency business. Failure to comply with this policy will result in discipline and potential criminal charges.
- Illegal drug or alcohol use or possession may threaten the safety of yourself and others. You may not use or possess them on Agency property or while conducting Agency business.
- If threatened by co-worker or intruder, don't argue, beg, plead, or minimize his/her comments and stay calm
- In any emergency or disaster situation, stay calm
- Use safe work practices; follow all directives
- Do not open suspicious packages
- Don't work alone in the office
- Don't walk to your car alone after dark; have a "buddy system"

<u>Personal Safety While Working with Patients/Clients in the Community</u>

General guidelines to assist you with various safety issues:

- Do not carry excessive amounts of money with you and avoid carrying a purse. If you must carry your purse lock it in the trunk of your car before you leave home.
- When driving, keep purse, cell phone, etc. on the floor, not on the seat.
- Wear closed toe shoes.
- Wear your ID at all times. You may want to carry additional forms of identification in your pocket, as well as your Agency's phone number
- When walking alone, avoid groups of people lingering on the street.

- Do not take short cuts down alleys, through buildings, or across private property. Avoid narrow or confined spaces
    - Watch what's going on around you
    - Be familiar with your surroundings. Know where to find pay phones. Always have enough change with you for the pay phone
    - Present yourself in a confident manner; do not appear nervous or anxious
    - Never walk into a home uninvited. Never walk into a vacant home
    - If you see you have a reason to suspect illegal drug use or alcohol abuse by a patient/client or patient's/client's family member, report this to Agency management
- If any weapons are present in a patient's/client's home, either ask that they be put away or leave. Report this to your Supervisor immediately. When changing the client's bed li8nen, carefully handle linens and be aware of sharp items such as needles which might be in the patient's/client's bed



- If the patient/client has pets that are aggressive, ask that they be put away.
- Do not allow strangers to enter the patient's/client's home
- If you are being harassed by a patient/client or family member, maintain a quiet attitude, never argue with or strike the person, and notify your supervisor at once.
- If you feel uncomfortable while providing care to a patient/client, ask a family member to be present
- Follow your Agency's emergency preparedness plan

Driving Safety

- Keep your car in good running condition
- Always keep your car doors locked and the windows up when in slow traffic or at a traffic light.
- Have a spare set of keys in an appropriate location
- Carry your keys in your hand. This enables you to get into your car immediately and it is also a form of self-defense. (Hold the key ring in the palm of your hand and put a key between each of your four fingers with the sharp ends sticking out).

- Have enough fuel for the day's travel
- Do not pick up hitchhikers
- If you see a stranded motorist, drive to the nearest phone or use your cell phone and call the police
- If you fear you are being followed, drive to the nearest police, fire, or gas station
- If a person tries to car jack your car, give it to him/her
- Plan your route. Know exactly where you are going ahead of time. Contact the patient/client or the office if directions are not clear.
- Park as close to your destination as possible
- Park in well lighted areas
    - If you have car trouble, put on your flashers, raise the hood, tie a white cloth on the door, or put a "Call Police" sign in the window. Stay in your car with the doors locked and windows closed. Ask anyone who stops to call the police; **do not** go with this person.

PSYCHOSOCIAL ASPECTS OF PATIENT CARE

You are taking care of the patient because he/she has a physical illness. But, that illness is not all that impacts how the patient feels. The patient also has nutritional, environmental, psychological, emotional, spiritual and lifestyle needs and values that have impact. Taking all of these areas into consideration means that you are looking at the psychosocial aspects of patient care. Remember that your patient is a PERSON who has many needs. The needs fall into categories that can address all psychosocial aspects such as:

Psychological
Elimination
Rest and activity
Safe environment
Oxygen
Nutrition

As you take care of a patient in the home, you can use ***PERSON*** to identify the patient's physical and functional health. Here are examples:

PSYCHOLOGICAL - How is the patient coping with pain? Is there depression, spiritual or emotional distress? What is the level of consciousness?

ELIMINATION – How is the bowel and bladder function? Does the patient have a UTI, colon cancer, renal failure, prostitis, and sexual dysfunction?

REST AND ACTIVITY – What is the patient's range of motion? Does he/she need help walking? Arthritis? Does he/she sleep well?

SAFE ENVIRONMENT – Is there any compromise of skin? Are there problems with medication management? Does the patient get annual exams such as for prostate, mammograms, etc.? Do all caregivers practice standard precautions?

OXYGEN – Does the patient have breathing problems such as with emphysema, COPD, pneumonia? Does he/she have circulatory problems such as CHF, MI hypertension?

NUTRITION – How is the patient's ability to chew? Can he/she feed self? What assistance is needed? I she/he overweight?

Keep these psychosocial aspects of patient care in mind and looking at your patient as a ***PERSON*** will enable you to provide quality care and service.

RIGHTS OF THE ELDERLY

In the United States of America "We the People" were given a number of "rights" in the Constitution's first ten amendments known as the Bill of Rights. Since the time our nation was founded, these rights have been expanded and clarified. In 19647, the Civil Rights Act was passed prohibiting discrimination based on race, national origin, gender, and religion. Later, age was added in an amendment based on the law known as the Age Discrimination Employment Act of 1967.

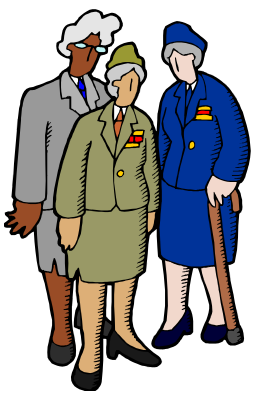
In 1983, the Texas Legislature passed a law as part of the Human Resources Code, Services for the Elderly. Chapter 102 provides for the "Rights of the Elderly" and it, too, has been amended several times, including the latest revision in 1997. The divisions of this Code include Definitions, Prohibition, Rights of the Elderly, List of Rights, and Rights Cumulative.

The definition of "elderly" is an individual 60 years of age or older. Prohibition means the provider of services may not deny an elderly individual any of the rights in the Code. A provider of services must give the elderly individual a written list of the Rights of the Elderly exactly as it appears in the Code. The elderly individual's rights are cumulative with all of his/her other rights.

Even though the provider of services, such as a home health agency, must give a written list of the Rights of the Elderly exactly as it appears in the Code, for our lesson, they will be summarized:

- ✓ An elderly individual has all the rights, benefits, responsibilities, and privileges given by the Constitution, federal laws, and Texas laws. This includes being free of interference, coercion, discrimination, and reprisal when using these rights.
- ✓ An elderly individual has the right to be treated with dignity and respect without regard to race, religion, national origin, sex, age, disability, marital status, or source of payment. Specifically;
  - He/she has the right to make his/her own choices about personal affairs, care, benefits, and services
  - He/she has the right to be free from abuse, neglect, and exploitation
  - He/she has the right to appoint a guardian/representative to ensure his/her affairs are being handled properly
- ✓ An elderly individual has the right to be free from physical and mental abuse, including corporal punishment or physical/chemical restraints for discipline or convenience.
- ✓ If the elderly individual is mentally retarded, his/her guardian may give informed consent for participation in a behavior modification program including the use of restraints.
- ✓ An elderly individual may communicate in his/her native language for the purpose of acquiring or providing treatment, care, or services.
- ✓ An elderly individual may make a complaint about the services and the provider of services may not discriminate or punish the elderly individual for making a complaint.

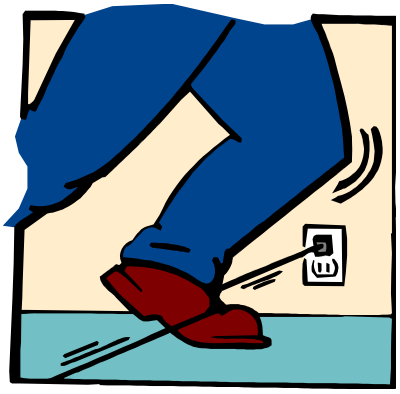
- ✓ An elderly individual has the right to privacy while attending to personal needs and a private place for receiving visitors. This includes medical treatment, telephone calls, meeting with family and friends and access to resident councils. Also, his/her mail must be sent and delivered promptly. An elderly couple who is married may share a room.
- ✓ An elderly individual may participate in activities of social, religious, or community groups.
- ✓ An elderly individual may manage his/her own finances or authorize in writing another person to do so.
- ✓ An elderly individual may have access to his/her personal and/or clinical records.
- ✓ The provider of services shall inform an elderly individual of his/her condition and any changes in his/her condition. This must be in a language the elderly individual understands.
- ✓ An elderly individual may choose his/her own physician and be informed in advance about the treatment and/or care.
- ✓ An elderly individual may participate in developing his/her plan of care to meet his/her medical, nursing, and psychological needs; as well as how they will be met.
- ✓ An elderly individual may refuse medical treatment once it has been explained and he/she understands what will happen by doing so.
- ✓ An elderly individual may keep his/her own clothing and furnishings if there is a space for these without harming the health and safety of others.
- ✓ An elderly person may refuse to perform services for the provider of services.
- ✓ Within 30 days of admission, the provider of services shall explain if he/she is entitled to Medicare and/or Medicaid benefits and for which services there will be no charge.
- ✓ The provider of services may not transfer or discharge an elderly individual unless:
    - It is for the good of the elderly individual
    - The elderly individual's health has improved so that services are no longer needed
    - The elderly individual, or another, would be endangered if the transfer/discharge didn't take place.
    - The provider of services closes or cancels a contract with a payor source; and/or
    - The elderly individual fails to pay for services
- ✓ If an elderly individual is going to be transferred or discharged from a residential facility, the provider of services must give a 30-day written notice, except in case of an emergency. The written notice must contain certain elements including the reason, the date and that the elderly individual has the right to appeal
- ✓ An elderly individual may have Advance Directives in place.



RISK MANAGEMENT/SAFETY IN THE HOME CARE ENVIRONMENT

Safety is freedom from danger, risk or injury. Risk management is what we do to keep ourselves safe. We work together as a team to keep our patients and ourselves as employees safe. We work safely and attend safety training classes when offered.

Agency staff should assess the patient's home for anything that could be a hazard to the patient such as poor lighting, frayed carpets, uneven floors, etc. Since about one-third of patients fall in their homes, be especially alert for hazards that might increase the risk for falls such as:



- Stairs that are cluttered, ill repaired and have no railings
- Poor lighting
- Electrical cords that are stretched across areas where the patient walks
- Poor fitting shoes; and
- Narrow, uneven or cluttered surfaces.

Another potential hazard in the home care environment is fire and/or a poor response to it by the patient or employee. The first step in avoiding a fire in the home is to assess the environment. Be aware of the hazards such as those related to using medical equipment and oxygen, smoking in bed and having a cluttered environment. Be ready to respond by making sure smoke detectors work, knowing where the exits are and how to reach one fast and how to reach the fire department.

All occurrences, such as, accidents and injuries that result in injury to the patient or Agency staff must be documented on an Incident/Occurrence Report. Samples of these include but are not limited to:

- Patient falls while staff is present (attended falls)
- If a patient falls when an employee is not there, this is an unattended fall and can be put on the progress note. If the physician is contracted and there is a significant change in the patient's condition, then an Incident/Occurrence Report must be completed.
- Medication errors
- Equipment malfunction
- Motor vehicle accidents while on agency business; and,
- Staff injury while on the job

WORKPLACE FIRE SAFETY

To know what to do in case of a fire, remember the letters in the word **RACE**:

R Remove people from the area of danger

A Alarm – Activate the fire alarm, if applicable, and/or call the fire department

C Contain the fire. Close all doors and windows as you leave the area of the fire.

E Extinguish the fire. Try to extinguish a small fire, but if the fire gets larger or out of control leave the area immediately.

- Have emergency numbers near the phone.
- Plan escape routes and the place outside to gather prior to an emergency. Know where the evacuation plans are posted
- Install a smoke alarm in the kitchen area. Check and/or replace the batteries when you change the clocks in the spring and fall
- Know where the fire alarm(s) is (are) if your office has them
- Know where fire extinguishers are located and know how to use them
- To avoid injury from smoke, stay low and cover your mouth with a wet cloth or towel. If you are trapped in a room, block the bottom of the door with towels, blankets, clothes, linens, or cloth
- Feel the doors before you open them. Do not open a door if it is hot or if you see smoke coming from around the door.
- If your clothing catches on fire, stop, drop to the ground, and roll to smother the flames.
- After the event, talk about the response and what could be improved.

WORKPLACE SECURITY

Security in the office is everyone's responsibility! It includes security of the property itself, the Agency's assets, and security for the employees while at work. It is part of your responsibility to follow the Agency's security procedures to protect the Agency's property, your fellow employees' property, and yours. The Agency provides security training as part of your orientation and annually. It takes workplace security very seriously so, when necessary, the Progressive Discipline Policy will be enacted for infractions.

AGENCY PROPERTY AND ASSETS

The Agency's property is considered to include, but not be limited to, the grounds, the office site, desks, telephones, and computers.

Physical security may include (in no particular order):

- Well lit parking areas, areas for walking to/from the office, and entrances
- Well lit workspaces, hallways, rest rooms, etc.
- Sign- "Only authorized persons allowed on property"
- Sign – No solicitation
- Limit access to employees, authorized visitors, and business associates only
- Identification badges for employees
- Identification badges with separate design to be worn by visitors and business associates
- Require all visitors and business associates to sign in
- Require all visitors and business associates to be escorted when on the premises.
- Sign – Limited cash is on premises
- Keep petty cash, checkbooks, etc. in a locked drawer or safe
- Cameras inside and outside with motion sensors
- Ensure the doors close completely and have adequate locking systems, as well as a fire department-approved crash bar or alarm
- Ensure windows lock
- Have corner view mirrors in hallways and elevators
- Receptionist should have a silent alarm button in the event of an intrusion
- Establish a code phrase to be used over the intercom (if it is safe to do so) in the event of an intrusion

- Engrave all Agency equipment with the Agency's name
- Maintain a contract with a security company to monitor premises
- Employees should sign a confidentiality agreement not to disclose Agency's trade secrets, proprietary information, or assets
- Limit the use of Agency equipment off-site. If a laptop, pager, cell phone, etc., is taken off-site, the individual should sign it out with the understanding it is his/her responsibility to protect it and return it
- Avoid dangerous clutter that blocks pathways and/or stairs
- Perform periodic inspections to identify and evaluate workplace security hazards
- Store chemical and flammables in separate, safe, and secure areas
- Employees will not steal or willfully damage company property
- Agency follows the requirements of the HIPAA Security rule to assure the confidentiality, and availability
- Physical safeguards to guard data integrity, confidentiality, and availability of information; and
- Technical security services to guard data integrity
- Depending on employee's classification, Agency limits or does not allow employee access to the internet
- All employees will be taught about Material Safety Data Sheets and will know where these are kept in the Agency
- Orientation/training includes the Agency's response to a disaster or emergency including bomb threats, terrorism, hurricanes, etc.
- Management is responsible for securing Agency's vital information
- Management encourages employees to report workplace security hazards
- Workplace security information is posted or distributed as applicable